

**FAX TRANSMISSION****RECEIVED  
CENTRAL FAX CENTER****MAR 10 2005****DATE:** March 9, 2005**PTO IDENTIFIER:** Application Number 09/761,112-Conf. #3637  
Patent Number**Inventor:** Richard S. Slevin**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** PATENT LAW OFFICES OF MICHAEL E. WOODSMichael E. Woods *Mew***PHONE:** (415) 388-0830**Attorney Dkt. #:** 23070-0708**PAGES (Including Cover Sheet):** 16**CONTENTS:** Amendment After Final Action (37 C.F.R. Section 1.116) (12 pages)  
Amendment Transmittal (1 page)  
Interview Request/Summary Form (1 Page)  
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (415) 388-0830, and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

**PATENT LAW OFFICES OF MICHAEL E. WOODS**  
112 Barn Road, Tiburon, California 94920-2602  
Telephone: (415) 388-0830 Facsimile: (415) 388-0860

*Central fax  
received 4/21/05*

PTO/SB/97 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

~~Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.~~

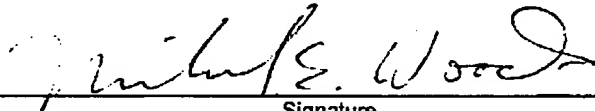
Application No. (if known): 09/761,112

Attorney Docket No.: 23070-0708

## Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on March 10, 2005  
Date



Signature

Michael E. Woods

Typed or printed name of person signing Certificate

33,466

Registration Number, if applicable

(415) 388-0830

Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Amendment After Final Action (37 C.F.R. Section 1.116) (12 pages)

Amendment Transmittal (1 page)

Interview Request/Summary Form (1 Page)

PTO/SB/97 (08-04)

Approved for use through 07/31/2008. OMB 0851-0031

U. S. Patent and Trademark Office; U. S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**Applicant Initiated Interview Request Form**

Application No.: 09/761,112-Conf. #3637 First Named Applicant: Richard S. Slevin  
 Examiner: S. Zia Art Unit: 2131 Status of Application: \_\_\_\_\_

**Tentative Participants:**

(1) Michael E. Woods (2) \_\_\_\_\_  
 (3) \_\_\_\_\_ (4) \_\_\_\_\_

Proposed Date of Interview: 8 Feb 2005 Proposed Time: 10AM (AM/PM)

**Type of Interview Requested:**

(1) ☒ Telephonic (2) ☐ Personal (3) ☐ Video Conference

Exhibit To Be Shown or Demonstrated: ☐ YES ☒ NO

If yes, provide brief description: \_\_\_\_\_

**Issues To Be Discussed**

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>Rej</u>	<u>All</u>	<u>All Cited</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Continuation Sheet Attached

**Brief Description of Arguments to be Presented:**

All claims recite structural/operation limitations not shown/mentioned in cited art – specifically including the interposition of a gating biometric-controlled switch between a power source for an electronic device and the electronic device

An interview was conducted on the above-identified application on 8 Feb. 2005 at 10AM

**NOTE:**

This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP §713.01).

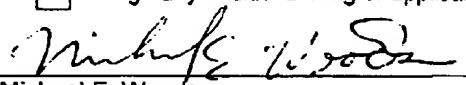
This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

Michael E. Woods  
 Applicant/Applicant's Representative Signature

\_\_\_\_\_  
 Examiner/SPE Signature

Michael E. Woods  
 Typed/Printed Name of Applicant or Representative

33,466  
 Registration Number, if applicable

<b>AMENDMENT TRANSMITTAL LETTER</b>			<b>Docket No. 23070-0708</b>	
Application No. 09/761,112-Conf. #3637	Filing Date January 16, 2001	Examiner S. Zia	Art Unit 2131	
Applicant(s): Richard S. Slevin				
Invention: Access control apparatus and method for electronic device				
<b>TO THE COMMISSIONER FOR PATENTS</b>				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
<b>CLAIMS AS AMENDED</b>				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
<b>Total Claims</b>	49	- 49 =		x
<b>Independent Claims</b>	8	- 8 =		x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify):				
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>				0.00
<input type="checkbox"/> Large Entity <span style="margin-left: 300px;"><input checked="" type="checkbox"/> Small Entity</span>				
<input checked="" type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. _____ as described below. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> Credit any overpayment.				
<input type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 Michael E. Woods Attorney Reg. No.: 33,466			Dated: March 10, 2005	
PATENT LAW OFFICES OF MICHAEL E. WOODS 112 Barn Road Tiburon, California 94920-2602 (415) 388-0830				

W:\WDOX\CLIENTS\23070\070800003549.doc